

**LAKE JACKSON PARKS AND RECREATION  
TEAM ROSTER**

TEAM NAME: \_\_\_\_\_ COACH \_\_\_\_\_

**I RECOGNIZE THAT I AM PARTICIPATING AT MY OWN RISK TO INJURY, AND THAT NEITHER THE CITY OF LAKE JACKSON, PARKS AND RECREATION NOR ITS AFFILIATES CARRY INSURANCE TO COVER ME. INSURANCE IS THE RESPONSIBILITY OF THE INDIVIDUAL PARTICIPANT. THIS REGISTRATION VERIFIES THAT MY CHILD AND MY CHILD'S HEALTH AND FITNESS IS ACCEPTABLE TO PARTICIPATE IN THIS PARKS AND RECREATION DEPARTMENT PROGRAM AND THAT I DO NOT HOLD THE CITY OF LAKE JACKSON, PARKS AND RECREATION DEPARTMENT NOR ITS EMPLOYEES RESPONSIBLE FOR ACCIDENT OR INJURY.**

PLAYER NAME	ADDRESS	PHONE #	DOB	PARENT SIGNATURE
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